Application for Membership

*Complete this form or join online at www.ncmedsoc.org/join (select “specialty societies” from the drop down menu)*

Section I

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: | | |  | | | | | | | | Credentials: | | MD,  DO, | | | | |  |
| Male | | Female | | | Date of Birth: |  | Married?  Yes | | | Spouse’s Name | | | | |  | | | |
| Email: |  | | | | | | | | | | | Cell Phone: | | | | |  | |
| Practice Name: | | | |  | | | | | | | | Fax Number: | | | | |  | |
| Business Address (preferred mailing address?  Yes): | | | | | | | |  | City, State, Zip: | | | | |  | | Business Telephone: | | |
|  | | | | | | | |  |  | | | | |  | |  | | |
| Home Address (preferred mailing address?  Yes): | | | | | | | |  | City, State, Zip: | | | | |  | | Home Telephone: | | |
|  | | | | | | | |  |  | | | | |  | |  | | |

Section II

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medical School: | |  | | | | | | | | | Year of Completion: |  |
| Residency Program: | | | |  | | | | | | | Year of Completion: |  |
| Fellowship Program: | | | | |  | | | | | | Year of Completion: |  |
| North Carolina Medical License Number: | | | | | |  | | | | | | |
| Is your practice limited to spine surgery? | | | | | | | Yes | | No |  | | |
|  |  | | If no, additional practice area(s): | | | | |  | | | | |

Section III

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Membership Type, Dues and Application Fee: | | | | $225 Active Member (ORS or NS spine surgeon) | | | $0 Associate (resident or fellow-in-training) | | | | | | |
|  | | | | $75 Affiliate Member (nurses, technicians, PAs, PA-Cs employed by an Active Member) | | | $0 Retired (retired from active clinical practice) | | | | | | |
| Payment Options: | | Check payable to NC Spine Society | | | MasterCard | | | | Visa | | | AMEX | |
| Card number: |  | | | | | Exp. Date: | |  | | | CVV: | |  |
| Applicant’s Signature | | |  | | | | | | | Date: | | |  |

**Please sign your completed form and return it with your payment by mail or fax to:**

NCSS, PO Box 27167, Raleigh, NC 27611 | Fax: 919-833-2023